

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

|                                   |   |                                    |
|-----------------------------------|---|------------------------------------|
| In re US Patent Application of:   | ) |                                    |
|                                   | ) |                                    |
| Phillip Craig GRAVES              | ) |                                    |
|                                   | ) |                                    |
| Application No.: 10/655,828       | ) | Group Art Unit: 3695               |
|                                   | ) |                                    |
| Filing Date: September 5, 2003    | ) | Examiner: Narayanswamy SUBRAMANIAN |
|                                   | ) |                                    |
| Attorney Docket No.: 62941.002015 | ) | Confirmation No. 7150              |
|                                   | ) |                                    |
| Title: SYSTEM AND METHOD FOR      | ) |                                    |
| SECURELY AUTHORIZING AND          | ) |                                    |
| DISTRIBUTING STORED-VALUE         | ) |                                    |
| CARD DATA                         | ) |                                    |

Mail Stop AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the Final Office Action mailed March 16, 2010 in connection with the above-identified patent application, please find enclosed:

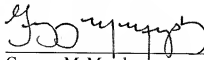
- ☐ A petition for a One - Month Extension of Time is enclosed.
- ☒ A Request for Continued Examination (RCE) is enclosed.
- ☒ No additional claim fee is required.
- ☐ An additional claim fee is required, and is calculated as shown below.

| CLAIMS   |               |  |              |            |             |
|--|---------------|--|--------------|------------|-------------|
|  | No. of Claims | Highest No. of Claims Previously Paid For: | Extra Claims | Rate       | Fee         |
| Total Claims   | 22            | Minus 71 =                                 | 0            | x \$52.00  | \$ -        |
| Indep. Claims  | 2             | Minus 5 =                                  | 0            | x \$220.00 | \$ -        |
| If Amendment adds multiple dependent claims, add \$390.00              |               |  |              |            | \$ -        |
| Total Amendment Fee  |               |  |              |            | \$ 0        |
| If small entity status is claimed, subtract 50% of Total Amendment Fee |               |  |              |            | \$ -        |
| <b>TOTAL ADDITIONAL FEE DUE FOR THIS AMENDMENT</b>                     |               |  |              |            | <b>\$ 0</b> |

- ☒ Charge \$810.00 to Deposit Account No. 50-5163 for RCE Fee due.
- ☐ Check No. \_\_\_\_\_ in the amount of \$52.00 is enclosed for the fee due.
- ☐ A Certificate of Express Mailing under 37 C.F.R. §1.8 is enclosed.
- ☐ A Self-Addressed stamped postcard is enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. §§ 1.6, 1.7, and 1.21 that may be required by this paper to Deposit Account No. 50-5163.

Date: June 4, 2010

Respectfully submitted,



\_\_\_\_\_  
Gregory M. Murphy  
Reg. No. 52,494

\* \* \*

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